

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
DIVISION**

Civil Case No. _____
(to be assigned by Clerk of the Court)

(Enter full name of plaintiff(s))

Plaintiff(s),

v.

(Enter full name of ALL defendant(s))

Defendant(s).

I, _____, move for the appointment of counsel for (check one):

- ☐ the limited purpose of reviewing and evaluating my claims;
- ☐ for mediation or settlement; OR
- ☐ for all purposes.

To support this motion, I declare under penalty of perjury that:

1. ☐ I have been granted, or have applied for, permission to proceed *in forma pauperis*; OR
☐ I have attached an affidavit demonstrating my inability to pay the cost of an attorney.

2. I have made the following diligent efforts to obtain legal counsel but have been unsuccessful because of my poverty:

3. I need appointed counsel to assist me because:

DATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

AFFIDAVIT

In support of my Motion for Appointment of Pro Bono Counsel, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☐ No

If "Yes" state the place of your incarceration: _____

2. Are you currently employed? ☐ Yes ☐ No ☐ Self-employed

- a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$_____ per _____ (*specify pay period*)

- b. If the answer is "No," state:

Name of last employer: _____

Address of last employer: _____

Date of last employment: _____

Amount of take-home salary or wages: \$_____ per _____ (*specify pay period*)

3. Is your spouse or significant-other employed? ☐ Yes ☐ No ☐ Self-employed ☐ Not applicable

If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$_____ per _____ (*specify pay period*)

4. In the past 12 months have you received any money from any of the following sources?

- a. Business, profession or other self-employment ☐ Yes ☐ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

- b. Rent payments, interest, or dividends ☐ Yes ☐ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

- c. Pensions, annuities, or life insurance payments ☐ Yes ☐ No
If "Yes," state: Amount received: \$ _____
Amount expected in future: \$ _____
- d. Disability or workers compensation payments ☐ Yes ☐ No
If "Yes," state: Amount received: \$ _____
Amount expected in future: \$ _____
- e. Gifts or inheritances ☐ Yes ☐ No
If "Yes," state: Amount received: \$ _____
Amount expected in future: \$ _____
- f. Any other sources ☐ Yes ☐ No
If "Yes," state: Source: _____
Amount received: \$ _____
Amount expected in future: \$ _____

5. Do you have cash or checking or savings accounts? ☐ Yes ☐ No
(including prison trust accounts)?

If "Yes," state the total amount: _____

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☐ No

If "Yes," describe the asset(s) and state the value of each asset listed.

7. Do you have any other assets? ☐ Yes ☐ No

If "Yes," list the asset(s) and state the value of each asset listed.

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☐ Yes ☐ No

If "Yes," describe and provide the amount of the monthly expense.

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

10. Do you have any debts or financial obligations? ☐ Yes ☐ No

If "Yes," describe the amounts owed and to whom they are payable.

DATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT